

Department of Public Health and Human Services

Quality Assurance Division ♦ 2401 Colonial Drive, 2rd Floor ♦ Helena, MT 59620 ♦ fax: 444-1742

Greg Gianforte, Governor

Adam Meier, Director

Dear Prospective Home Infusion Therapy Provider:

Thank you for your interest in Home Infusion Therapy Facilities in Montana. This letter is intended to guide you through the licensing process. Home Infusion Therapies are not required to be reviewed by the Health Planning Program, and therefore do not need a Certificate of Need.

| The following items must be submitted to the Licensure Bureau in order to license your facility: |
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| □ A floor plan of the facility. This may be hand drawn as long as dimensions are included. Physical requirement can be found at ARM 37.106.2422. Please review the rules carefully and determine that your facility meets the conditions set forth in that rule. |
| □ Local Building Code approval. |
| $\label{linear_problem} \square A completed License Application and fee. The Home Infusion Therapy Application may be downloaded at μ http://www.dphhs.mt.gov/qad/homeinfusiontherapyagency.$ |
| □ Policies and Procedures, for review and approval. These must be submitted at least forty-five (45) days prior to the expected facility opening date. |
| □ Please review the specific rules pertaining to a Home Infusion Therapy Agency. These rules, ARM 37.106.2401 through 37.106.2433, may be viewed at http://www.mtrules.org/gateway/ Subchapterhome.asp. Please be aware that other rules do apply to Home Infusion Therapy Agencies. These additional rules may be found at http://www.mtrules.org/gateway/Subchapterhome.asp , under the "Statutes and Rules governing Home Infusion Therapy". |
| Upon submission and approval of all the aforementioned information and documentation, the Licensure Bureau will issue a six (6) month provisional license. A facility may not accept patients until it is licensed. A health care facility surveyor from the Licensure Bureau will conduct an on-site survey of the facility within the provisional license period to assess compliance with Home Infusion Therapy Agency regulations. This visit is also an opportunity for the facility to obtain any clarification on those regulations. |
| If you have further questions, or have questions during the licensure process, the main number for the Licensure Bureau is 444-2676. |
| Sincerely, |
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Carter Anderson, Quality Assurance Division Administrator, DPHHS